

# Prescription Value Guide

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**How To Use This Guide\***: This guide is designed to save you money by helping you and your doctor choose less expensive prescription drugs in the Prescription Advantage formulary when medically appropriate. This guide contains a listing of available brand name drugs on Level 2 (Preferred Drugs) grouped by therapeutic class, and listed alphabetically for your convenience.

(Please note that Level 1 Generic Drugs and Level 3 Non-Preferred Drugs referenced in your approval letter are not included in this guide.)

**Steps You Can Take To Save Money:** Be sure to bring the "Prescription Value Guide" to all of your doctor visits and talk to your doctor about your drugs. Your doctor can use the list as a reference when he/she needs to write you a prescription.

If your doctor prescribes a Level 3 Non-Preferred Drug (at the highest co-payment), ask your doctor if a Level 2 Preferred Drug or a Level 1 Generic Drug is appropriate as an alternative. By referencing this guide, your doctor can determine whether a less expensive equivalent is available at Level 2. Often, doctors are able to choose from a number of drugs that are available to treat a particular medical condition.

If there is no therapeutically equivalent Level 2 or Level 1 drug available, you may be able to request that your Level 3 drug be provided to you at a Level 2 co-payment through Reconsideration. Approval of this particular Reconsideration requires that you meet income guidelines and that your doctor provide certain medical information to the plan. For more information about this process, please call Customer Service, **toll-free, at 1-800-AGE-INFO (1-800-243-4636)**. Toll-free service is also available for the deaf and hard of hearing by contacting TTY: **1-877-610-0241**.

\*This guide will be updated periodically as new drugs or dosages become available.

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*Prescription Advantage is administered by the Massachusetts Executive Office of Elder Affairs.*

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I-800-AGE-INFO (243-4636) | TTY/TTD 1-877-610-0241 | [www.800ageinfo.com](http://www.800ageinfo.com)

## Prescription Value Guide -- Level 2 Preferred Drugs

(In addition to the drugs listed below: most brand-name oral antineoplastics, immunosuppressants, and HIV drugs are on Level 2)

### Alzheimer's Disease

Aricept  
Cognex  
Exelon  
Namenda  
Razadyne/Razadyne ER

### Arthritis

Cuprimine  
Enbrel  
Humira  
Rheumatrex  
Ridaura

### Blood Modifiers

Agrylin  
Aranesp  
Coumadin  
Lovenox  
Neulasta  
Neupogen  
Plavix  
Procrit

### Cardiovascular

Altace  
Atacand†  
Atacand HCT†  
Avalide  
Avapro  
BiDil  
Caduet  
Coreg  
Cozaar  
Crestor  
Ethmozine  
Hyzaar  
Lanoxin Ped Elixer  
Lescol/Lescol XL  
Lipitor  
Nitro-Dur

† Atacand should be reserved for participants who meet CHARM (Candesartan In Heart Failure - Assesment of Reduction in Mortality and Morbidity) trial criteria

Nitrostat  
Norvasc  
Tikosyn  
Toprol-XL  
Zetia

### Dermatology

Bactroban  
Carac  
Differin  
Dovonex  
Efudex  
Elidel  
Finacea  
Fluoroplex  
Lindane  
Noritate  
Ovide  
Protopix  
Retin-A Micro  
Tazorac

### Diabetes Mellitus

Accu-Check Test Strips  
ActoPlus Met  
Actos  
Avandamet  
Avandia  
BD insulin syringes & needles  
Byetta  
Humalog  
Humulin  
Lancets  
Lantus  
Novolin  
Novolog  
OneTouch Test Strips  
Prandin  
Precose  
Symlin

### Ear, Nose, Throat

Astelin  
Ciprodex  
Nasacort AQ  
Nasonex  
Rhinocort AQ

### Eye

Acular/Acular LS  
Alphagen P  
Betimol  
Betopic S  
Lotemax  
Lumigan  
Optivar  
Pred Mild  
Trusopt  
Vigamox  
Xalatan  
Zaditor  
Zyman

### Gastrointestinal

Asacol  
Canasa  
Cortifoam  
Creon  
Entocort EC  
Golytely  
Halfytely  
Helidac  
Kristalose  
Nexium  
Nulytely  
Prevacid  
Urso  
Ultrase/Ultrase MT  
Viokase  
Visicol  
Zofran

### Infection

Augmentin ES-600  
Avelox  
Baraclude  
Biaxin XL  
Cipro XR  
Epivir-HBV  
Ery-Tab  
Famvir  
Furadantin  
Gantrisin  
Gris-Peg  
Hepsera

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Ketek  
Lamisil tablet  
Levaquin  
Malarone  
Omnicef  
Rebetol Solution  
Valcyte  
Valtrex  
Vfend  
Zithromax susp

### **Migraine**

Cafergot  
Depakote ER  
Imitrex  
Maxalt/Maxalt-MLT  
Relpax  
Zomig/Zomig-MLT

### **Miscellaneous**

Avodart  
Detrol/Detrol LA  
Ditropan XL  
Dostinex  
Elmiron  
Epipen/Epipen Jr  
Flomax  
Intron-A  
Marinol  
Oxytrol  
Pegasys/Peg-Intron  
Phoslo  
Rebetron  
Renagel  
Roferon-A  
Transderm-Scop  
Urocit-K

### **Multiple Sclerosis**

Copaxone  
Rebif

### **Pain & Inflammation**

Avinza  
Celebrex  
Maxidone  
Roxicodone

### **Parkinson's Disease**

Akineton  
Comtan  
Kemadrin  
Lydosyn  
Mirapex  
Permax  
Requip  
Stalevo  
Tasmar

### **Psychiatric**

Abilify  
Ambien  
Adderal XR  
Concerta  
Cymbalta  
Effexor/Effexor XR  
Geodon  
Lexapro  
Lunesta  
Metadate CD  
Nardil  
Parnate  
Paxil CR  
Pexeva  
Provigil  
Risperdal  
Ritalin LA  
Sarafem  
Seroquel  
Sonata  
Wellbutrin XL  
Xyrem  
Zoloft  
Zyprexa

### **Respiratory**

AccuNeb  
Advair  
Allegra-D  
Asmanex  
Atrovent inhaler  
Combivent  
DuoNeb  
Flovent/Flovent HFA  
Foradil  
Intal inhaler  
Pulmicort  
Serevent  
Singulair  
Spiriva  
Ventolin HFA  
Xopenex Solution  
Zyrtec/Zyrtec-D 12 Hour

### **Seizures**

Depakote/Depakote ER  
Diastat  
Dilantin Infatabs  
Keppra  
Lamictal  
Phenytek  
Topamax  
Trileptal

### **Women's Health**

Actonel  
Cenestin  
Climara Pro  
Depo-Provera  
Estrace vaginal cream  
Estraderm  
Evista  
Femring  
Fosamax/Fosamax Plus D  
NuvaRing  
Ortho Evra  
Ortho Tri-Cyclen Lo  
Plan B  
Premarin/Premarin Cream  
Premphase  
Prempro  
Preven  
Vivelle/Vivelle Dot  
Yasmin

## **Drugs that require Prior Authorization**

Certain prescription drugs require pre-approval (or prior authorization) by Prescription Advantage clinical reviewers before they are covered under this benefit. This process insures that these medications are only being prescribed for the most appropriate clinical conditions, at the safest and most appropriate dose, and for the most appropriate duration of therapy. The following drug products will require prior authorization. If your doctor wishes to obtain prior authorization, he or she can contact the Prescription Advantage Clinical Call Center toll free, at 1-800-504-8318 (or Fax 1-800-550-9246).

### **Anabolic Steroids (oral)**

Anadrol-50  
Oxandrin  
Winstrol

### **Anti-emetics**

Emend

### **Arthritis Treatments**

Enbrel  
Kineret  
Humira

### **Growth Hormone**

Genotropin  
Humatrope  
Increlex  
Norditropin  
Nutropin/Nutropin AQ/Nutropin Depot  
Miniquick  
Protropin  
Saizen  
Serostim  
Tev-tropin  
Zorbtive

### **Osteoporosis Treatments**

Forteo

### **Pulmonary Arterial HTN**

Revatio

### **Interferons (selected)**

Pegasys/Peg-Intron

## **Drugs that are subject to Quantity Limits**

Prescription Advantage does place limits on dispensed quantity and duration of therapy (i.e., # of pills per month) for certain prescription products to better manage their use. In doing so, we can insure high quality care and minimized expenses, helping us to offer a more comprehensive benefit to all members. The following drug products are currently subject to such limitations. Actual quantity limits for each drug and formulation are posted on the Prescription Advantage website at [www.800.ageinfo.com](http://www.800.ageinfo.com).

### **Anti-emetics**

Anzemet (tabs & inj)  
Kytril (tabs & inj)  
Marinol  
Zofran (tabs, ODT, solution & inj)

### **Influenza**

Relenza  
Tamiflu (caps & oral solution)

### **Migraine**

Amerge  
Axert  
Frova  
Imitrex (inj kits & vials)  
Imitrex (tabs & nasal spray)  
Maxalt/Maxalt MLT  
Migranal Nasal Spray  
Relpax  
Zomig Nasal Spray  
Zomig/Zomig ZMT (tabs)

### **Pain**

Oxycontin  
Oxycodone ER  
Stadol, butorphanol Nasal Spray  
Toradol, ketoralac tabs

### **Erectile Dysfunction**

Viagra  
Levitra  
Cialis  
Edex Injection  
Caverject Injection  
Muse